

Documents

for

FOIA Request #EPA-R6-2014-000821

EPA

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code		NPDES										yr/mo/day				Inspection Type		Inspector		Fac Type									
1	N	2	5	3	A	R	0	0	0	1	2	1	0	11	1	12	2	0	1	3	1	17	O	18	R	19	1	20	1
21 S I C C O D E : 2 4 2 1 66																													
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved													
67				69		70		71	N	72	N	73		74		75												80	

Section B: Facility Data

Name and Location of Facility Inspected Georgia Pacific LLC 100 Mill Supply Road Crossett, AR		Entry Time/Date 09:45 a.m. 01/31/2012		Permit Effective Date 09/30/2010	
		Exit Time/Date 04:50 p.m. 02/01/2012		Permit Expiration Date 10/31/2015	
Name(s) of On-Site Representatives James Cutbirth Rachel Johnson		Title(s) Environmental Affairs Manager Environmental Engineer		Phone Number 870-567-8144 870-567-8170	
Name, Address of Responsible Official James Cutbirth Georgia-Pacific, LLC P.O. Box 3333 Crossett, AR 71635		Title Environmental Affairs Manager		Contacted: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		Phone Number 870-567-8144			

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	N	Storm Water	N	CSO/SSO
M	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	U	Laboratory	U	Operations & Maintenance		

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

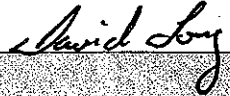
EXECUTIVE SUMMARY: The inspection report and ratings in Section C (Areas Evaluated During Inspection) are those of the state inspector. Refer to the attached state report for a summary of the findings in the areas evaluated during the inspection.

The Compliance Evaluation Inspection (CEI) was conducted by the State of Arkansas Department of Environmental Quality (ADEQ) Inspector John Lamb. All areas marked in Section C were adequately evaluated by the inspector and met the needs of the National Pollutant Discharge Elimination System (NPDES) Program.

RECEIVED

MAR 13 2012

6EN-W

Name(s) and Signature(s) of Inspector(s) 		Agency/Office/Telephone US EPA/6EN-AS/(214) 665-7323		Date 03/06/2012	
Signature of Reviewer		Agency/Office US EPA/6EN-AS		Date	



ARKANSAS
Department of Environmental Quality

February 27, 2012

Mr. James W. Cutbirth, Environmental Affairs Manager
Georgia Pacific, LLC
Crossett Operations
P.O. Box 3333
Crossett, AR 71635

RE: Compliance Inspection

AFIN: 02-00013, NPDES Permit No.: AR001210

Dear Mr. Cutbirth:

On January 31 and February 01, 2012, David Long, USEPA Region 6, Ronald Smith, ADEQ District 10 Water Inspector, and I performed a routine compliance inspection of the facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following:

- 1. The facility contract lab (Test America) is not specifying which method in Standard Method is being used for Nitrate-Nitrogen analysis. This is a violation of Part III.C.3 of the permit.**
- 2. The bar screen area had excessive solids on both sides of the ground. This area needed better housekeeping. This is a violation of Part III.B.1.a of the permit.**
- 3. The last wing levee in the Aeration Stabilization Basin (ASB) had excessive erosion it. This is a violation of Part III.B.1.a of the permit.**

The above items require your immediate attention. Please submit a written response to these findings to Water Division Enforcement Branch. This response should be mailed to the address below, or e-mailed to Water-Enforcement-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentations (i.e. photos) is due by March 08, 2012.

Letter to James Cutbirth, G-P
February 16, 2012,
Page 2

It was also noted that the facility was not following the method as outlined in Standard Methods 2540 for TSS analysis. The facility was shaking and pouring the sample instead of using a stirrer and pipette according to the method. The facility stated that this is more representative way due to the nature of the effluent not being homogenous. The facility should contact Ms. Jane Hurley, ADEQ QA Officer, at 501-682-0938 for written approval for variance in the method.

For additional information you may contact the enforcement branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me at 870-862-0680.

Sincerely,



John W. Lamb
District 8 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

Form Approved
OMB No. 2040-0003UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code			NPDES								Yr/Mo/Day						Inspec. Type		Inspector		Fac. Type									
1	N		2	5		3	A	R	0	0	0	1	2	1	0	11	12	1	2	0	1	3	1	17	18	C	19	T	20	2
Remarks																														
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved														
67						70	2					71	N	72	N	73								74						80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

Georgia Pacific LLC
Crossett Operations
100 Mill Supply Road
Crossett, AREntry Time/Date
09:45/01/31/2012Permit Effective Date
30 September 2010Exit Time/Date
4:50/02/01/2012Permit Expiration Date
31 October 2015Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
James Cutbirth/Environmental Affairs Manager /870-567-8144
Rachel Johnson, Environmental Engineer/ 870-567-8170

Other Facility Data

Name, Address of Responsible Official/Title/Phone and Fax Number
James Cutbirth, Environmental Affairs Manager /870-567-8144
Georgia-Pacific, LLC
P.O. Box 3333
Crossett, AR 71635Contacted
Yes ☒ No ☐

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	U	Operations & Maintenance	S	Sampling
M	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	U	Laboratory	N	Storm Water		Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

SEE PAGE 9 FOR FINDINGS/COMMENTS

Name(s) and Signature(s) of Inspector(s)

John W. Lamb Ronald L. (Red) Smith

Agency/Office/Telephone/Fax

AR Dept. of Environmental Quality, El Dorado, Hope
(870)862-0680 (870)862-3509 (870)777-7585

Date

27 February 2012

David Long

U.S. EPA, Region 6, 1445 Ross Avenue
Dallas, TX 75202 (214)665-7323

Signature of Reviewer

Agency/Office/Phone and Fax Numbers

Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

- | | |
|--|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

☐S ☒M ☐U ☐NA ☐NEDETAILS: see page 9

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. ANALYTICAL METHODS AND TECHNIQUES: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| f. RESULTS OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| g. DATES AND TIMES OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| h. NAME OF PERSON(S) PERFORMING ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

☐S ☒M ☐U ☐NA ☐NEDETAILS: see page 9

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION D: SAMPLING**PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS**☒S ☐M ☐U ☐NA ☐NE**DETAILS:**

- | | |
|---|--|
| 1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE COLLECTION PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION E: FLOW MEASUREMENT**PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS**☒S ☐M ☐U ☐NA ☐NE**DETAILS:**

- | | |
|---|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: <u>Parshall flume</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION F: LABORATORY**PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS**☐S ☐M ☒U ☐NA ☐NE**DETAILS: see page 9**

- | | |
|--|--|
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES): | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. COMMERCIAL LABORATORY USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. LAB NAME: <u>Test America/Environ/Environ Analytical Perspectives</u> | |
| b. LAB ADDRESS: <u>Mobile Al/Brentwood Tn/Wilmington NC</u> | |
| c. PARAMETERS PERFORMED: <u>chlorinated phenols, AOX, metals, nutrients, chloroform & pesticides, /Bio monitoring/Dioxin</u> | |
| 8. BIOMONITORING PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. PROPER ORGANISMS USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER DILUTION SERIES FOLLOWED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. PROPER TEST METHODS AND DURATION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY

☒S ☐M ☐U ☐NA ☐NEDETAILS: See page 9

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Mod	Trace	None	brown	
SMS	FLOODED						

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: ☒S ☐M ☐U ☐NA ☐NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: ☐S ☐M ☐U ☒NA ☐NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS

☐S ☐M ☐U ☒NA ☐NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION: ☐Y ☐N ☒NA ☐NE
2. TYPE OF SAMPLE: ☐GRAB: ☐COMPOSITE: ☐METHOD: ☐FREQUENCY:
3. SAMPLES PRESERVED: ☐Y ☐N ☒NA ☐NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: ☐Y ☐N ☒NA ☐NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: ☐Y ☐N ☒NA ☐NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: ☐Y ☐N ☒NA ☐NE
7. SAMPLE SPLIT WITH PERMITTEE: ☐Y ☐N ☒NA ☐NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: ☐Y ☐N ☒NA ☐NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: ☐Y ☐N ☒NA ☐NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

☒S ☐M ☐U ☐NA ☐NEDETAILS: See page 9

1. SWPPP UPDATED AS NEEDED: ☒Y ☐N ☐NA ☐NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: ☒Y ☐N ☐NA ☐NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: ☒Y ☐N ☐NA ☐NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: ☒Y ☐N ☐NA ☐NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: ☒Y ☐N ☐NA ☐NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: ☒Y ☐N ☐NA ☐NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: ☒Y ☐N ☐NA ☐NE
8. LIST OF STRUCTURAL BMPS: ☒Y ☐N ☐NA ☐NE
9. LIST OF NON-STRUCTURAL BMPS: ☒Y ☐N ☐NA ☐NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: ☒Y ☐N ☐NA ☐NE
11. INSPECTIONS CONDUCTED AS REQUIRED: ☒Y ☐N ☐NA ☐NE

FLOW CALCULATION SHEET

Date: 31 Jan 2012 Time: 11:28

Head in Inches: 18.0" Feet: 1.5'

Type & Size of Primary Flow Measurement Device: 8 foot parshall flume

Name & Model of Secondary Flow Measurement Device: Milltronics OCM III

Date of last Calibration of Secondary Flow Device: 12/22/2011

Recorded Flow at Date & Time Listed Above: 38.25 mgd (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: 39.68

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =	38.25	-	39.68	X 100
	39.68			

% Error =	3.6	%
-----------	-----	---

Comments: Less than 10 % error is acceptable.

DMR Calculation Check

Reporting Period: From 2011 Dec 01 To 2011 Dec 31
Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Daily Max. - mg/l
Reported Value:	<u>7,982</u>	<u>24.1</u>	<u>30.5</u>
Calculated Value:	<u>7,982</u>	<u>24.1</u>	<u>30.5</u>
Permit Value:	<u>24,155.4</u>	<u>64.4</u>	<u>123.8</u>

If calculated value does not equal reported value, explain:

equal

NPDES Compliance Inspection Report Further Explanation

Section B: The facility has a BMP plan as required by the permit (Part II, item 9,). This plan was being implemented at the time of the inspection.

The facility has started implantation of a Mercury Pollutant Minimization Plan as required by the permit (Part II, 20 of the permit). The plan was started on September 01, 2011 and revised on November 08, 2011.

Section B, item 9: & Section F, item 1: The facility's contract lab (Test America) did not specify the method number from Standard Methods it was using for Nitrate-Nitrogen analysis. The lab simply stated it was from Standard Methods.

Section C, Item 2: The last wing levee in the Aeration Stabilization Basin (ASB) had excessive erosion on it. See photos 1 and 2.

The bar screen had excessive solids on the ground on both sides which needed to be cleaned up. See photos 3-5.

Section F, items 1 and 2: The facility was not following the method as outlined in Standard Methods 2540 for TSS analysis. They were shaking and pouring the sample instead of using a stirrer and pipette according to the method. The facility fills that this is more representative way due to the nature of the effluent not being homogenous. The facility should contact Ms. Jane Hurley, ADEQ QA Officer, for written approval for variance in the method.

Section F, item 4: The facility's laboratory S.O.P.s needed to be updated to showing exact procedures used, approval date and person approving the S.O.P's to reflect what is going on in the lab. For example, the lab procedures had the approval signature of a person that no longer worked at the facility. The facility should consider contacting Ms. Jane Hurley at ADEQ to help establish better QA/QC procedures for the lab.

Section G: SMS 002 was not viewed or inspected due to being flooded by the Ouachita River at the time of the inspection. The river level was over 62 feet at Felsenthal Lock and Dam and as defined in the permit, Mossy Lake is considered flooded at a river stage of 62 feet or above and for two weeks following the river level falling below 62 feet.

Section J: A more in depth explanation of the facility's SWPPP, controls and etc. can be found in the inspection report for ARR00A776 conducted same date for the facility.

Water Division NPDES Photographic Evidence Sheet

Location: Georgia Pacific LLC, Crossett**Photographer:** John Lamb**Witness:** Ronald Smith**Photo #**

1

Of

5

Date:

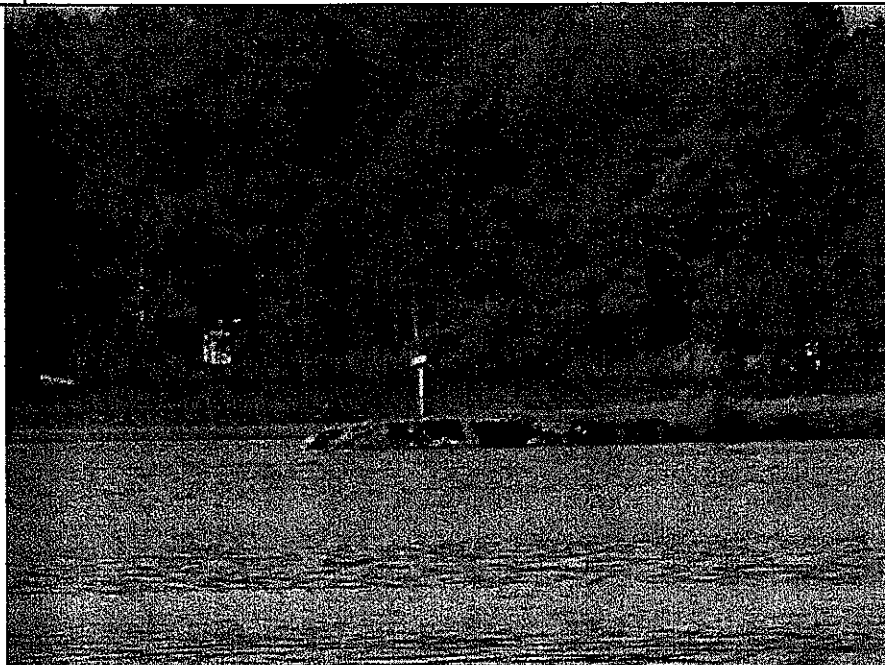
01/31/2012

Time:

11:55

Description:

Erosion of last wing dam in ASB

**Photographer:** Richard Freeman, G-P**Witness:** John Lamb**Photo #**

2

Of

5

Date:

01/31/2012

Time:

11:55

Description:

Close up of wing dam erosion taken by G-P camera



Water Division NPDES Photographic Evidence Sheet

Location:	Georgia Pacific LLC, Crossett						
Photographer:	John Lamb			Witness:	Ronald Smith		
Photo #	3	Of	5	Date:	01/31/2012	Time:	13:15
Description:	East side of bar screen showing excessive solids on the ground.						



Photographer:	John Lamb			Witness:	Ronald Smith		
Photo #	4	Of	5	Date:	01/31/2012	Time:	13:15
Description:	East side of bar screen at the dumpster hopper. Solids need to be cleaned up more						



Water Division NPDES Photographic Evidence Sheet									
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Location:	Georgia Pacific LLC, Crossett								
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Photographer:	John Lamb				Witness:	Ronald Smith			
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Photo #	5	Of	5	Date:	01/31/2012	Time:	13:15		
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Description:	West side of bar screen, solids on the ground								
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Photographer:					Witness:				
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Photo #		Of		Date:		Time:			
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Description:									
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